

MAY 16 2005



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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

Date: May 16, 2005

Examiner: Ljilliana V. Ciric	:	RE: U.S. Patent Application
Art Unit: 3753	:	Serial No.: 09/589,330
Fax: (703) 872-9306	:	Applicant: Gary Chastine, et al.
From: Patrick W. Rasche	:	Atty. Dkt. No.: 9D-HR-19236

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.); Amendment in Response to Office Action dated November 15, 2004, (18 pgs.); and Certificate of Transmission via Facsimile (1 pg.)

Total pages including cover page: 22

If all pages are not received, please contact: Michele at Ext. 7321

RE: The above referenced U.S. Patent Application
Title: REFRIGERATOR WITH QUICK CHILL AND THAW SYSTEM
Filed: June 7, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: May 16, 2005

Patrick W. Rasche, Reg. No.: 37,916

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MAY 16 2005

PATENT
Attorney Docket No.: 9D-HR-19236

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gary Chastine et al.

Art Unit: 3753

Serial No.: 09/589,330

Examiner: Ljiljana V. Ciric

Filed: June 7, 2000

For: REFRIGERATOR WITH QUICK
CHILL AND THAW SYSTEMMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Amendment in Response to Office Action dated November 15, 2004 (18 pgs.); and Return receipt postcard.

STATUS

2. Applicant

☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

FACSIMILE

Express Mail No.:

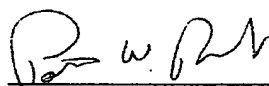
Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 16, 2005

☒ transmitted by facsimile to the Patent and Trademark Office

Via Facsimile: (703) 872-9306

Patrick W. Rasche
Reg No.: 37,916

05/18/2005 RFEKADU1 00000008 012384 09589330

01 FC:1253 1020.00 DA

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
<u>X</u> third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$1,020.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$1,020.00

OR

- (b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

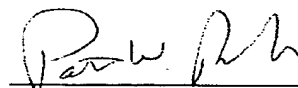
5. _____ Attached is a check in the sum of \$ _____
X Charge Deposit Account No. 01-2384 the sum of \$
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. _____ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
 7. _____ Other:



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